LEGISLATIVE SERVICES AGENCY OFFICE OF FISCAL AND MANAGEMENT ANALYSIS

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FISCAL IMPACT STATEMENT

LS 6350 NOTE PREPARED: Dec 22, 2002

BILL NUMBER: SB 179 BILL AMENDED:

SUBJECT: Exposure of Emergency Medical Services Providers.

FIRST AUTHOR: Sen. Landske

BILL STATUS: As Introduced

FIRST SPONSOR:

FUNDS AFFECTED: X GENERAL IMPACT: State

DEDICATED FEDERAL

<u>Summary of Legislation:</u> This bill provides for testing and notification to an emergency medical services provider who has potentially been exposed to a dangerous communicable disease.

Effective Date: July 1, 2003.

Explanation of State Expenditures: *Summary:* The fiscal impact of this bill is indeterminate due to the unpredictable nature of the circumstances that could become cost factors in an individual incident. However, if emergency providers adhere to universal precautions, exposure to blood or other infectious body fluid should rarely occur. The bill requires the State Department of Health to arrange for testing of a patient if the patient is not located in a facility. The circumstances of the provider's exposure would determine the cost of this provision. The patient may be from out of state, may have given false information, or may be homeless; all factors that might make finding the individual difficult. The bill does not specify the party responsible for assuming the cost of the specimen collection or the laboratory testing. If the Department is responsible for the testing cost, the circumstances of the individual incidents would determine the cost to the state.

Background: Current law requires that an emergency medical services provider can request to be notified of the results of any testing that may be in the patient's medical record or performed later by filing a form with the provider's employer and the State Department of Health. The Department reports the following information regarding the number filed of the "Report of Blood or Body Fluid Exposure, Dangerous Communicable Disease Notification for Emergency Response Medical Care Providers":

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Year	Reports Filed
1995	249
1996	135
1997	141
1998	130
1999	41
2000	39
2001	8
2002 to date	11

In instances of potential exposure, the current protocols recommend post-exposure prophylaxis to begin from 2 to 36 hours from the time of the exposure depending upon the infectious disease suspected. This bill would not affect the recommended provision of post-exposure prophylaxis. If the exposure occurred in a facility and the patient is subsequently admitted or still physically present, the facility is required to obtain a blood or body fluid specimen and perform the testing. The bill eliminates the option of reviewing the patient's medical record to determine if earlier laboratory results have determined the patient has a disease that meets the requirements of this bill.

This bill adds provisions dealing with circumstances that involve a patient who is not present at a facility or refuses to be tested. The bill contains a provision that mandates the patient's implied consent to testing and the release of the results to specified medical personnel in the circumstance of exposure of an emergency medical provider. If the patient refuses to be tested, the bill allows the provider, his employer, or the State Department of Health to petition a court for an order requiring the patient to provide a specimen for testing.

Explanation of State Revenues:

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: State Department of Health.

<u>Local Agencies Affected:</u> County Circuit or Superior Courts.

<u>Information Sources:</u> Zach Cattell, Legislative Liaison for the State Department of Health, (317) 233-2170. "Infectious Disease Exposure Manual for Emergency Response Employees" prepared by the Indiana State Department of Health Review Panel on Bloodborne Pathogens, in cooperation with the State Emergency Management Agency at http://www.in.gov/isdh/publications/pubs/emermanu.htm0.

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